



ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

AHSP0 Membership Officer E-Mail: email@ahspo.com.au

Postal: The AHSP0 Executive, 10 Alfa Court, Rowville, Victoria, Australia 3178

APPLICATION FOR NEW MEMBERSHIP / RENEWAL – TAX INVOICE

Christian Names

Surname

Preferred Title Ms/Miss/Mrs/Mr

Wish to become a (please indicate ✓) ___ Full Member ___ Associate Member of the above Association and in the event of my admission, I agree to be bound by the Rules of the Association for the time being in force.

Present Position			
Employer's Name			
Employer's Address			
Telephone		Mobile	
Facsimile		E-Mail	

Notes on AHSP0 Membership Rates:

- New Membership / Membership Renewal rate is \$70 (valid for 12 months)
- AHSP0 is not registered for GST, therefore there is no GST component in the above price.
- A Cheque, EFT or Credit Card payment details for \$70 as per rule 5(2) must accompany this form.

NOMINATION (NEW MEMBERSHIP ONLY)

I, _____ a Full Member of the Association, nominate the above applicant for membership to the Association.

Signature of Nominator: _____ Membership Number: _____ Date: __/__/__

Payment Method: Please indicate (✓)

Cheque A cheque made payable to AHSP0 Inc is enclosed

EFT When making EFT payment please include Name as reference (24 characters only)

Account name: AHSP0 Inc. Bank CTB BSB 063 158 Account No 10046509

Credit Card VISA MASTERCARD

CARD NO: EXPIRY DATE (mm/yy)

Name shown on Card: _____

Note that once payment is accepted this document becomes your tax invoice. Tick this box if receipt is required.

Below is for office use only:

APPLICATION WAS (✓): ___ Approved ___ Not Approved

Signed _____ President _____ Date: __/__/__

COMMENTS: Minuted Date: __/__/__ M/Officer: Payment received (✓) ___ Yes ___ No Membership Number: _____

Certificate, Code of Ethics, Discrimination & Harassment Policy and AHSP0 Rules sent Date: __/__/__